

Bureau of Health Care Quality & Compliance

115/10 POC accepted
B. (Henderson) HFS III
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS263S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/02/2009
NAME OF PROVIDER OR SUPPLIER HENDERSON HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1180 E. LAKE MEAD DRIVE HENDERSON, NV 89015		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 12/1/09 and finalized on 12/2/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00023592 was substantiated with deficiencies cited. (See Tags Z230 and Z240). Complaint #NV00023618 was substantiated with no deficiencies cited. Complaint #NV00022957 was substantiated with no deficiencies cited. Complaint #NV00023684 was unsubstantiated. Complaint #NV00023365 was unsubstantiated. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000	This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Henderson Healthcare Center agrees with the allegations and citations listed on the statement of deficiencies. Henderson Healthcare Center maintains that the alleged deficiencies do not, collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Henderson Healthcare Center's written credible allegation of compliance. By submitting this plan of correction, Henderson Healthcare Center does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Henderson Healthcare Center reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.	
Z230 SS=G	NAC 449.74469 Standards of Care A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and	Z230		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

HCG411

If continuation sheet 1 of 6

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Z230	<p>Continued From page 1</p> <p>psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439.</p> <p>This Regulation is not met as evidenced by: Based on record review, interview, and review of grievances the facility failed to ensure services necessary to maintain the resident's highest practicable physical, mental, and psychosocial well-being were provided for 1 of 8 residents (Resident #8).</p> <p>Findings include:</p> <p>Resident #8 was admitted to the facility 8/20/09 with diagnoses including acute respiratory failure, ventilator dependency, encephalopathy, and convulsions.</p> <p>Record review revealed Resident #8 was in a vegetative state and required total assistance with all of his activities of daily living (ADLs).</p> <p>On 12/1/09, Resident # 8's wife was interviewed. She reported she visited her husband on 11/7/09, after not having visited for two weeks. She reported her husband had not had his face washed or oral care. She reported she proceeded to begin to wash him when she noted he smelled. She reported his armpits were caked with dried powder and yeast smelling substance, his skin was dry and scaly and he had debris between his toes. She also reported she found three undated Scopolamine patches on him, one on each side of his neck, and one on his scapula. She informed the charge nurse, and continued to give her husband a bed bath. His back was filthy; Resident #8's wife provided the washcloth which</p>	Z230	<p>Z-230 SS=G</p> <p>a) Resident #8 is no longer a resident of this facility.</p> <p>b) An audit was conducted of 100% of the residents of the facility to assure no other residents were affected by this alleged deficient practice. Random audits of bathing procedures and timeliness of bathing in accordance with facility policy will be conducted to assure compliance.</p> <p>c) The professional and non professional nursing staff have been re-educated regarding proper bathing techniques including bathing of bed bound residents. Bathing schedules have been established for compliance.</p> <p>d) Quality of Care team will review shower schedules and observe residents. The results of audits will be tracked and trended at facility quality assurance meetings.</p>		

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Z230	<p>Continued From page 2</p> <p>was blackened with grime from cleaning her husband to the charge nurse.</p> <p>Review of Resident #8's record revealed an order for Scopolamine patches to be changed every 72 hours. Review of the medication administration record (MAR) revealed in October 2009, one patch was applied every three days. The site of the patches was not recorded. The November 2009 MAR documented the site of application of the patch beginning 11/6/09.</p> <p>Review of the facility's Grievance/Complaint report revealed on 11/8/09, four certified nursing assistants (CNA) received oral counseling for failing to give appropriate care to Resident #8. The documentation on the Grievance/Complaint report detailed Resident #8 was "found underarms with redness caked with powder, cream, between toes with dry scaly skin, not shaved, not showered (hair dirty). Scrub his back with wash cloth (white turned black). Found 3 patches Scopolamine, no dates. Bed linens filthy."</p> <p>Review of the CNA ADL tracking forms revealed Resident #8 received partial baths or bed baths on 10/1, 10/2, 10/4, 10/6, 10/8, 10/9, 10/11-10/13, 10/15-10/18 on the day shift. On the 2 PM - 10 PM shift, it was documented Resident #8 received partial baths or bed baths on 10/1, 10/3 - 10/18, 10/20- 10/22, 10/24-10/25, 10/27-10/31. For the month of November it was documented Resident #8 received a partial bath or a bed bath on 11/1-11/2, 11/4, 11/6 prior to his wife's visit on 11/7/09. For the month of November on the 2 PM to 10 PM shift it was documented Resident #8 did not receive either a partial bath or a bed bath prior to his wife's visit on 11/7/09.</p>	Z230	<p>e) The individual responsible for compliance will be the Director of Nursing Service.</p> <p>f) Completion date for compliance with this issue is December 24, 2009.</p>		

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Z230	Continued From page 3 Review of the Lippincott Williams & Wilkins Nursing Drug Handbook revealed the instructions for removing the patch included to-"discard patch after removing it and to wash application site thoroughly." Additionally, the Handbook cautioned to "possible withdrawal signs or symptoms (nausea, vomiting, headache, dizziness) when transdermal system is used longer than 72 hours."	Z230		
Z240 SS=G	NAC 449.74471 Administration of drugs 1. A facility for skilled nursing shall not administer a drug to a patient in the facility: (a) In excessive doses, including duplicate drug therapy; (b) For an excessive duration; (c) Without monitoring the patient properly; (d) Without adequate indications for the use of the drug; or (e) If there are any adverse reactions which indicate that the dosage should be reduced or discontinued. This Regulation is not met as evidenced by: Based on interview and review of facility grievances the facility failed to ensure medications were applied appropriately for 1 of 8 residents (Resident #8). Findings include: Resident #8 was admitted to the facility 8/20/09 with diagnoses including acute respiratory failure, ventilator dependency, encephalopathy, and convulsions. On 12/1/09, Resident # 8's wife was interviewed.	Z240	Z-240 SS=G a) Resident #8 is no longer a resident of this facility. b) An audit of all facility residents who have orders for any type of transdermal medication administration will be conducted to assure that no other resident is affected by this alleged deficient practice. c) All licensed nurses will be re-educated on proper administration of transdermal medications to include site and application date notations. Random medication pass observations will be conducted to assure compliance.	

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Z240	<p>Continued From page 4</p> <p>She reported she found three undated Scopolamine patches on him, one on each side of his neck, and one on his scapula. She informed the charge nurse.</p> <p>Review of Resident #8's record revealed an order for Scopolamine patches to be changed every 72 hours. Review of the medication administration record (MAR) revealed in October 2009, one patch was applied every three days. The site of the patches was not recorded. The November 2009 MAR documented the site of application of the patch beginning 11/6/09.</p> <p>Review of the facility's Grievance/Complaint report revealed on 11/8/09, four certified nursing assistants (CNA) received an oral counseling for failing to give appropriate care to Resident #8. The documentation on the Grievance/Complaint report detailed on 11/7/09, Resident #8 was found with three undated Scopolamine patches on his body.</p> <p>Review of the Lippincott Williams & Wilkins Nursing Drug Handbook revealed the instructions for removing the patch included to "discard patch after removing it and to wash application site thoroughly." Additionally, the Handbook cautioned to "possible withdrawal signs or symptoms (nausea, vomiting, headache, dizziness) when transdermal system is used longer than 72 hours."</p> <p>On 12/1/09, the Assistant Director of Nurses was interviewed. She reported the facility policy for transdermal patches was to remove the old patch prior to putting a new patch on. She reported the policy was to chart the location of the application of the patch.</p>	Z240	<p>d) Random audits will be conducted of residents having orders for transdermal medications to assure compliance with application to include site notations and application dates are present. The results of the audits will be tracked and trended at facility quality assurance committee meetings.</p> <p>e) The individual responsible for compliance will be the Director of Nursing.</p> <p>f) Completion date for compliance is December 24, 2009.</p>	

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Z240	Continued From page 5 Severity: 3 Scope: 1	Z240		

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